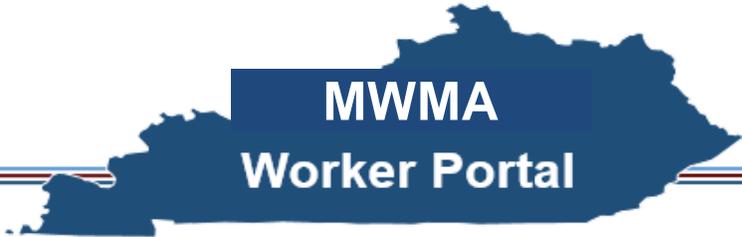


# Services Requiring CHFS Review Quick Reference Guide



**MWMA  
Worker Portal**

11/25/2019 Version 1.0

**This Quick Reference Guide lists the services requiring CHFS review for an Individual’s Person Centered Service Plan within (POC) Module in the Medicaid Waiver Management Application (MWMA).**

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# 1. Services Requiring CHFS Review

After November 22, 2019, following completion of Case Supervisor review and/or any review for conflict and/or exceptional supports, if applicable, if a service does not require any further review by the CHFS Internal Reviewer, the service can be systematically approved based on what is requested. Only specific services will require additional review beyond any needed Case Supervisor or CMA Internal Review.

Below are details regarding the specific services requiring additional review by CHFS. broken down by Waiver Program.

Please note: In addition to the services mentioned, any request for Goods and Services included on a Plan for an amount exceeding \$500 will require CHFS review, regardless of program.

## Acquired Brain Injury – Acute Waiver (ABI-Acute)

Service Name	Procedure/ Revenue Code	Modifier1	Modifier2
Supported employment	H0039	NULL	NULL
Behavior programming	H0004	NULL	NULL
Counseling - Group	90853	NULL	NULL
Psychological Rehab (Individual Counseling)	H2017	NULL	NULL
Therapeutic Activities (Occupational Therapy)	97530	NULL	NULL
Speech/Hearing Therapy	92507	NULL	NULL
Specialized Medical Equipment and Supplies	E1399	NULL	NULL
Home Modification (Environmental Modification)	S5165	NULL	NULL
Supported Employment	H0039	HI	NULL

## Acquired Brain Injury – Long Term Care Waiver (ABI-LTC)

Service Name	Procedure/ Revenue Code	Modifier1	Modifier2
Supported Employment	H0039	NULL	NULL
Behavior Programming	H0004	NULL	NULL
Psychological Rehab (Individual Counseling)	900	NULL	NULL
Psychological Rehab (Individual Counseling)	H2017	NULL	NULL
Group Counseling	90853	NULL	NULL
Therapeutic Activities (Occupational Therapy)	430	NULL	NULL
Therapeutic Activities (Occupational Therapy)	97530	NULL	NULL
Speech/Hearing Therapy	440	NULL	NULL
Speech/Hearing Therapy	92507	NULL	NULL
Specialized Medical Equipment and Supplies	E1399	NULL	NULL
Nursing Supports	550	NULL	NULL
Nursing Supports	T1004	NULL	NULL
Physical Therapy	420	NULL	NULL
Physical Therapy	97110	NULL	NULL
Environmental Modification	T2029	NULL	NULL
Supported Employment	H0039	HI	NULL

## Model II Waiver (MII)

Service Name	Procedure/ Revenue Code	Modifier1	Modifier2
Registered Nurse	552	NULL	NULL
Licensed Practical Nurse	559	NULL	NULL
Respiratory Therapist	410	NULL	NULL
Registered Nurse & Licensed Practical Nurse	552559	NULL	NULL

## Home and Community Based Waiver (HCB)

Service Name	Procedure/ Revenue Code	Modifier1	Modifier2
Environmental or Minor Home Adaptation	290	NULL	NULL
Specialized Respite Level II	660	NULL	NULL
Specialized Respite Level I	662	NULL	NULL
Environmental or Minor Home Adaptation	S5165	NULL	NULL
Specialized Respite Level I	T1005	NULL	NULL
Specialized Respite Level II	T1005	U1	NULL
Environmental or Minor Home Adaptation	S5165	HI	NULL

## Michelle P Waiver (MPW)

Service Name	Procedure/ Revenue Code	Modifier1	Modifier2
Supported Employment	H0039	NULL	NULL
Physical Therapy	420	NULL	NULL
Physical Therapy	97110	NULL	NULL
Occupational Therapy	430	NULL	NULL
Occupational Therapy	97530	NULL	NULL
Speech Therapy	440	NULL	NULL
Speech Therapy	92507	NULL	NULL
Behavior Support	H0004	NULL	NULL
Environmental and Minor Home Adaptation	290	NULL	NULL
Environmental and Minor Home Adaptation	E1399	NULL	NULL
Supported Employment	H0039	HI	NULL

## Supports for Community Living Waiver (SCL)

Service Name	Procedure/ Revenue Code	Modifier1	Modifier2
Specialized medical equipment	E1399	NULL	NULL
Community Transition**	T2038	NULL	NULL
Consultative clinical and therapeutic (Diet/Nutrition) - New Rate	H0004	UA	NULL
Consultative clinical and therapeutic (Diet/Nutrition) Exceptional Units - New Rate	H0004	UA	U2
Consultative clinical and therapeutic (Functional Analysis) - New Rate	H0004	HK	NULL
Consultative clinical and therapeutic (Functional Analysis) Exceptional Units - New Rate	H0004	HK	U2
Consultative clinical and therapeutic (Psychological Services) - New Rate	H0004	HE	NULL
Consultative clinical and therapeutic (Psychological Services) Exceptional Unit - New Rate	H0004	HE	U2
Environmental Accessibility	T2028	HI	NULL
Person centered coach - New Rate	H0023	NULL	NULL
Person centered coach (Exceptional Units) - New Rate	H0023	U2	NULL
Consultative clinical and therapeutic (Positive Behavior Supports) - New Rate	H0004	U7	NULL
Consultative clinical and therapeutic (Positive Behavior Supports) Exceptional Units - New Rate	H0004	U7	U2
Supported Employment (JOB ACQUISITION WITH SUPPORT) - New Rate	T2019	U6	NULL
Supported Employment (JOB ACQUISITION WITH SUPPORT) - New Rate	T2019	U6	HI
Supported Employment (JOB DEVELOPMENT AND ANALYSIS) - New Rate	T2019	U5	NULL
Supported Employment (JOB DEVELOPMENT AND ANALYSIS) - New Rate	T2019	U5	HI
Supported Employment (LONG TERM SUPPORT AND FOLLOW-UP) - New Rate	T2019	NULL	NULL
Supported Employment (LONG TERM SUPPORT AND FOLLOW-UP) - New Rate	T2019	HI	NULL
Supported Employment (PCJS DISCOVERY) - New Rate	T2019	U4	NULL
Supported Employment (PCJS DISCOVERY) - New Rate	T2019	U4	HI
Vehicle Adaptation	T2039	HI	NULL

\*\*Note: Community Transition will only require CHFS Review if there is more than one request for such service on the same Plan of Care.